

# **State of Alaska FY2011 Governor's Operating Budget**

## **Department of Health and Social Services Psychiatric Emergency Services Component Budget Summary**

## Component: Psychiatric Emergency Services

### Contribution to Department's Mission

To protect and improve the quality of life for consumers impacted by mental disorders or illness, reducing the rate of unintended injuries and suicide in accordance with the DHSS FY10 goal to keep vulnerable populations safe at home.

### Core Services

- Provide for help with the onset of a crisis or psychiatric emergency as the beginning of treatment to maintain the person in the least restrictive and clinically appropriate location.
- To provide competitive grant funding to community mental health agencies for services intended to aid people in psychiatric crisis. The service array may include crisis intervention, brief therapeutic interventions to help stabilize the person, and intensive follow up services.
- To provide specialized services such as mobile outreach teams and residential/crisis respite services.
- To respond to disasters and coordinate or participate in local, state and federal emergency response efforts.

### Key Component Challenges

Each community in Alaska, be it large or small, must have some capacity to respond to a psychiatric emergency. In the event behavioral health options are not available, the psychiatric emergency must be coordinated by primary care, with behavioral health backup, sometimes via technology. Component challenges are as diverse as the geographic disparity.

Rural-Frontier challenges include the ability for small communities to coordinate services in such a manner as to preserve the dignity and respect of the person experiencing the crisis. This includes careful liaison with law enforcement, village based officers, primary care practitioners and health aides. A greater emphasis must be placed on 'hands on' crisis intervention skill development instead of immediately sending the individual to an urban setting for stabilization.

Suicide knows no boundaries in the state of Alaska. Prevalence rates are unacceptable, be it in urban, rural or 'bush' Alaska. Psychiatric Emergency Services is often the first responder in these crisis situations. It requires concerned citizens and the community at large to intervene in a suicide attempt, and there exists a need to train first responders in such situations.

Psychiatric Emergency Services is a part of the continuum of care and is often a partnership between the mental health provider agency, law enforcement, primary care and hospital emergency department. Due to the disparity in resources across the state, the level of coordination and attention to clinically appropriate intervention strategies requires standardization.

As a result of a lack of Psychiatric Emergency Services in some areas of the state, admissions to the state hospital, API, have increased. During the first quarter FY10, API has operated with a 'pending admissions' list due to lack of bed availability for acute care.

### Significant Changes in Results to be Delivered in FY2011

To provide psychiatric emergency services that include the entire continuum from village to tertiary care, Behavioral Health intends to:

- Reconfigure responsibility for this component,
- Develop performance standards for grantees who receive funds for Psychiatric Emergency Services,
- Define a clear patient flow chart to indicate a preferred model, and
- Illustrate how the service should operate in the community.

### Updated Status for Results to be Delivered in FY2010

There are no significant changes in results to be delivered in FY10.

## Major Component Accomplishments in 2009

- Through our emergency services system, we responded to over 40,000 crises that involved clients who were also served in other components when not in crisis. Emergency services continue to provide a direct alternative/diversion from psychiatric hospitalization.
- Grantee agencies in Fairbanks and Tok provided emergency psychiatric services to victims of the Yukon River floods in April 2009. DBH staff applied for a Federal Emergency Management Agency (FEMA) grant to establish an ongoing counseling program for up to 500 residents of several Yukon villages.

## Statutory and Regulatory Authority

AS 47.30.520 - 620	Community Mental Health Services Act
AS 47.30.655 - 915	State Mental Health Policy
AS 47.30.011 - 061	Mental Health Trust Authority
7 AAC 78	Grant Programs
7 AAC 72	Civil Commitment
7 AAC 71	Community Mental Health Services

### Contact Information

**Contact:** Betsy Jensvold, Budget Manager  
**Phone:** (907) 465-1629  
**Fax:** (907) 465-1850  
**E-mail:** betsy.jensvold@alaska.gov

**Psychiatric Emergency Services  
Component Financial Summary**

*All dollars shown in thousands*

	<b>FY2009 Actuals</b>	<b>FY2010 Management Plan</b>	<b>FY2011 Governor</b>
<b>Non-Formula Program:</b>			
<b>Component Expenditures:</b>			
71000 Personal Services	0.0	0.0	0.0
72000 Travel	0.0	0.0	0.0
73000 Services	6.3	1,353.0	2,185.7
74000 Commodities	0.0	0.0	0.0
75000 Capital Outlay	0.0	0.0	0.0
77000 Grants, Benefits	8,069.3	6,749.0	6,216.3
78000 Miscellaneous	0.0	0.0	0.0
<b>Expenditure Totals</b>	<b>8,075.6</b>	<b>8,102.0</b>	<b>8,402.0</b>
<b>Funding Sources:</b>			
1004 General Fund Receipts	1,421.2	1,714.4	1,714.4
1007 Inter-Agency Receipts	116.8	0.0	0.0
1037 General Fund / Mental Health	6,537.6	6,387.6	6,387.6
1092 Mental Health Trust Authority Authorized Receipts	0.0	0.0	300.0
<b>Funding Totals</b>	<b>8,075.6</b>	<b>8,102.0</b>	<b>8,402.0</b>

**Summary of Component Budget Changes  
From FY2010 Management Plan to FY2011 Governor**

*All dollars shown in thousands*

	<u>General Funds</u>	<u>Federal Funds</u>	<u>Other Funds</u>	<u>Total Funds</u>
<b>FY2010 Management Plan</b>	<b>8,102.0</b>	<b>0.0</b>	<b>0.0</b>	<b>8,102.0</b>
<b>Proposed budget increases:</b>				
-MH Trust: AMHB/ABADA - Grant	0.0	0.0	300.0	300.0
2464.01 Designated Evaluation and Treatment Expansion				
<b>FY2011 Governor</b>	<b>8,102.0</b>	<b>0.0</b>	<b>300.0</b>	<b>8,402.0</b>

# **Component Detail All Funds** **Department of Health and Social Services**

**Component:** Psychiatric Emergency Services (1435)  
**RDU:** Behavioral Health (483)

	<b>FY2009 Actuals</b>	<b>FY2010 Conference Committee</b>	<b>FY2010 Authorized</b>	<b>FY2010 Management Plan</b>	<b>FY2011 Governor</b>	<b>FY2010 Management Plan vs FY2011 Governor</b>	
71000 Personal Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
72000 Travel	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
73000 Services	6.3	2,638.4	2,638.4	1,353.0	2,185.7	832.7	61.5%
74000 Commodities	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
75000 Capital Outlay	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
77000 Grants, Benefits	8,069.3	6,749.0	6,749.0	6,749.0	6,216.3	-532.7	-7.9%
78000 Miscellaneous	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
<b>Totals</b>	<b>8,075.6</b>	<b>9,387.4</b>	<b>9,387.4</b>	<b>8,102.0</b>	<b>8,402.0</b>	<b>300.0</b>	<b>3.7%</b>
<b>Fund Sources:</b>							
1004 Gen Fund	1,421.2	1,714.4	1,714.4	1,714.4	1,714.4	0.0	0.0%
1007 I/A Rcpts	116.8	0.0	0.0	0.0	0.0	0.0	0.0%
1037 GF/MH	6,537.6	7,673.0	7,673.0	6,387.6	6,387.6	0.0	0.0%
1092 MHTAAR	0.0	0.0	0.0	0.0	300.0	300.0	100.0%
<b>General Funds</b>	<b>7,958.8</b>	<b>9,387.4</b>	<b>9,387.4</b>	<b>8,102.0</b>	<b>8,102.0</b>	<b>0.0</b>	<b>0.0%</b>
<b>Federal Funds</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0%</b>
<b>Other Funds</b>	<b>116.8</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>300.0</b>	<b>300.0</b>	<b>100.0%</b>
<b>Positions:</b>							
Permanent Full Time	0	0	0	0	0	0	0.0%
Permanent Part Time	0	0	0	0	0	0	0.0%
Non Permanent	0	0	0	0	0	0	0.0%

**Change Record Detail - Multiple Scenarios With Descriptions**  
**Department of Health and Social Services**

**Component:** Psychiatric Emergency Services (1435)  
**RDU:** Behavioral Health (483)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions PFT	PPT	NP
***** Changes From FY2010 Conference Committee To FY2010 Authorized *****												
<b>FY2010 Conference Committee</b>												
ConfCom		9,387.4	0.0	0.0	2,638.4	0.0	0.0	6,749.0	0.0	0	0	0
1004 Gen Fund		1,714.4										
1037 GF/MH		7,673.0										
<b>Subtotal</b>		<b>9,387.4</b>	<b>0.0</b>	<b>0.0</b>	<b>2,638.4</b>	<b>0.0</b>	<b>0.0</b>	<b>6,749.0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
***** Changes From FY2010 Authorized To FY2010 Management Plan *****												
<b>ADN 06-0-0095 Transfer Excess GF/MH Authority to the Designated Evaluation &amp; Treatment Component</b>												
Trout		-1,135.4	0.0	0.0	-1,135.4	0.0	0.0	0.0	0.0	0	0	0
1037 GF/MH		-1,135.4										
Transfer excess GF/MH authority from the Psychiatric Emergency Services (PES) component to the Designated Evaluation and Treatment (DET) component for mandated services under that component. The GF/MH is available in the PES component due to the use of a Disproportionate Share Hospital (DSH) agreement with Providence Hospital for Single Point of Entry Psychiatric Services that allows 51% Medicaid claiming. Those services were previously paid at 100% GF/MH. Utilization of DET services continues to grow every year. This transfer will reduce the need for legislative increases in succeeding fiscal years.												
<b>ADN 06-0-0095 Transfer Excess GF/MH Authority to the Behavioral Health Grants Component</b>												
Trout		-150.0	0.0	0.0	-150.0	0.0	0.0	0.0	0.0	0	0	0
1037 GF/MH		-150.0										
Transfer excess GF/MH authority from the Psychiatric Emergency Services (PES) component to the Behavioral Health Grant (BHG) component to fund enhanced technical assistance to behavioral health treatment grantees. The GF/MH is available in the PES component due to the use of a Disproportionate Share Hospital (DSH) agreement with Providence Hospital for Single Point of Entry Psychiatric Services that allows 51% Medicaid claiming. Those services were previously paid at 100% GF/MH.												
<b>Subtotal</b>		<b>8,102.0</b>	<b>0.0</b>	<b>0.0</b>	<b>1,353.0</b>	<b>0.0</b>	<b>0.0</b>	<b>6,749.0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
***** Changes From FY2010 Management Plan To FY2011 Governor *****												
<b>MH Trust: AMHB/ABADA - Grant 2464.01 Designated Evaluation and Treatment Expansion</b>												
IncOTI		300.0	0.0	0.0	300.0	0.0	0.0	0.0	0.0	0	0	0
1092 MHTAAR		300.0										
Through a variety of avenues, public comment to the Alaska Mental Health Board this year has consistently been that Alaskans experiencing psychiatric emergencies cannot receive adequate services in their community. We have heard that rural hospitals are resistant to providing this acute care due to the cost, facility requirements, staffing requirements, and perceived obstacles to reimbursement. We have heard that Alaska Psychiatric Institute (API) is often at the limits of its capacity, with the majority of admissions coming from the Kenai Peninsula and Mat-Su areas. We have observed that Alaskans experiencing psychiatric emergencies in rural communities are too often being held in the custody of a village public safety officer or local police as a way of being kept safe pending transport to API. The system providing acute stabilization and treatment is at risk, as seen by the recent closure of the Designated Evaluation and												

**Change Record Detail - Multiple Scenarios With Descriptions**  
**Department of Health and Social Services**

**Component:** Psychiatric Emergency Services (1435)  
**RDU:** Behavioral Health (483)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
Treatment (DET) beds at Mt. Edgecombe Hospital in Sitka due to the costs and lack of adequate staffing.												
Cost is an increasing concern, given that the need regularly outstrips the resources currently allocated for these services. Additional funds are needed to meet the costs of serving people in need of DES/DET services. These services are a more economical solution than transporting people in crisis to API. DBH reported that the average cost of transport per person in FY08 was \$1,384.51 which does not include the costs of treatment.												
This project proposes to prevent further erosion of already limited services by providing additional short-term funding for existing services. This will encourage existing service providers to maintain their DES/DET facilities by offering a consistent source of reimbursement. This will also support the rising transport costs of getting people in crisis to a DET facility and home again. DBH staff has reported that commercial transport costs have increased 17% in the past year and further inflation (exceeding 20%) is expected.												
Recognizing that the above is only a short-term solution, this recommendation includes the use of telemedicine for acute stabilization as a cost-containment measure. API has offered use of its existing telemedicine infrastructure as a basis for this recommendation. Initially, pilot projects with hospitals demonstrating a high degree of readiness are recommended. The goal is that these pilots will demonstrate success and cost-effectiveness. DBH reports that 209 people were transported from their home community to API in FY06 and 147 in FY07, at a cost of nearly \$200.0 each year. API staff and potential community hospital partners in Kenai have reported that a stabilization room in a rural site with a videoconference or other telehealth connection to an on-call psychiatrist can be set up for less than \$30.0 and staffed at a rate far less than annual cost of transport to API.												
The Comprehensive Integrated Mental Health Plan has set the goal of ensuring that high quality treatment, recovery and support services are provided as close to one's home community as possible. This recommendation directly relates to achieving that goal. These services also work toward the goals of reducing suicide and the criminalization of Alaskans experiencing mental illness.												
This recommendation calls for an investment of \$1,600 to \$3,200 per beneficiary, often less than the costs of transportation. Offering stabilization and treatment closer to home will help avoid far more costly API services and thereby ease capacity concerns at API. This recommendation is that the savings reaped from providing localized acute stabilization services should be reinvested in expanding the pilot projects, further reducing transportation costs and enhancing emergency services available in rural communities.												
It will take at least five years for pilots to be developed to a sufficient degree to have any impact on the need for transport to API. Thus, the GF/MH funding for existing DES/DET will need to be appropriated for FY10-15 (at least), with savings realized during that time reinvested in the pilots. Then, with local psychiatric emergency services available in rural hub hospitals, the nearly \$600.0 or more spent annually (based on DBH data for FY06 and FY07) on transport to API could be substantially reduced.												
<b>Reflect Disproportionate Share Hospital Agreement as Contractual Expenditure</b>												
	LIT	0.0	0.0	0.0	532.7	0.0	0.0	-532.7	0.0	0	0	0
Services provided by the Providence Hospital Crisis Respite Center will be paid for through a Disproportionate Share Hospital (DSH) agreement rather than a grant. This line-item transfer will now reflect this as a contractual expenditure.												
<b>Totals 8,402.0 0.0 0.0 2,185.7 0.0 0.0 6,216.3 0.0 0 0 0</b>												



**Line Item Detail**  
**Department of Health and Social Services**  
**Services**

**Component:** Psychiatric Emergency Services (1435)  
**RDU:** Behavioral Health (483)

Line Number	Line Name		FY2009 Actuals	FY2010 Management Plan	FY2011 Governor
73000	Services		6.3	1,353.0	2,185.7
Expenditure Account	Servicing Agency	Explanation	FY2009 Actuals	FY2010 Management Plan	FY2011 Governor
<b>73000 Services Detail Totals</b>			<b>0.0</b>	<b>0.0</b>	<b>2,185.7</b>
73175	Health Services	Emergency Services.	0.0	0.0	32.5
73823	Health	Development of psychiatric emergency services in rural hub communities	0.0	0.0	300.0
73823	Health	H&SS RSA with the Division of Health Care Services for Disproportionate Share Hospital Medicaid payments for Single Point of Entry Psychiatric at Providence Hospital.	0.0	0.0	1,320.5
73823	Health	H&SS RSA with the Division of Health Care Services for Disproportionate Share Hospital Medicaid payments for Crisis Respite Center	0.0	0.0	532.7

**Line Item Detail**  
**Department of Health and Social Services**  
**Grants, Benefits**

**Component:** Psychiatric Emergency Services (1435)  
**RDU:** Behavioral Health (483)

Line Number	Line Name		FY2009 Actuals	FY2010 Management Plan	FY2011 Governor
77000	Grants, Benefits		8,069.3	6,749.0	6,216.3
Expenditure Account	Servicing Agency	Explanation	FY2009 Actuals	FY2010 Management Plan	FY2011 Governor
<b>77000 Grants, Benefits Detail Totals</b>			<b>0.0</b>	<b>0.0</b>	<b>6,216.3</b>
77110	Grants	Comprehensive Treatment & Recovery grants for psychological emergency services.	0.0	0.0	6,179.2
77281	Client Travel (Tax)	Emergency client travel.	0.0	0.0	37.1

**Inter-Agency Services**  
**Department of Health and Social Services**

**Component:** Psychiatric Emergency Services (1435)  
**RDU:** Behavioral Health (483)

<b>Expenditure Account</b>		<b>Service Description</b>	<b>Service Type</b>	<b>Servicing Agency</b>	<b>FY2009 Actuals</b>	<b>FY2010 Management Plan</b>	<b>FY2011 Governor</b>
73823	Health	RSA with the Division of Health Care Services for Disproportionate Share Hospital Medicaid payments for Single Point of Entry Psychiatric at Providence Hospital.	Intra-dept	H&SS	0.0	0.0	1,320.5
73823	Health	RSA with the Division of Health Care Services for Disproportionate Share Hospital Medicaid payments for Crisis Respite Center	Intra-dept	H&SS	0.0	0.0	532.7
<b>73823 Health subtotal:</b>					<b>0.0</b>	<b>0.0</b>	<b>1,853.2</b>
<b>Psychiatric Emergency Services total:</b>					<b>0.0</b>	<b>0.0</b>	<b>1,853.2</b>
<b>Grand Total:</b>					<b>0.0</b>	<b>0.0</b>	<b>1,853.2</b>